

Safeguarding Adults Policy and Procedures

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7.0	April 2019	Janette Clark and the Safeguarding Adults Team	Revised	Revised policy following the publication of the Care and Support Guidance 2016 and changes to the London Multi-Agency Adults Safeguarding Policy and Procedures by ADASS in August 2016.
8.0	February 2020	Dinh Padicala	Revised	Revised policy to add Monitoring and Compliance GDPR
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1 Introduction

The **Care Act 2014** (updated January 2022) provided legislative guidance for safeguarding adults within chapter 14, sections 42 – 46. It states:

'safeguarding means protecting an adult's right to live in safety, free from abuse or neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time ensuring that the adults wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

This policy sets out the roles and responsibilities of East London Foundation Trust (the Trust) staff in working together with other professionals and agencies in promoting the welfare of adults and safeguarding them from abuse and neglect.

The Trust covers several Local Authority Safeguarding Adult Boards/Partnership:

- Luton Adult Safeguarding Board
- Central Bedfordshire and Bedford Borough Councils Safeguarding Adults Board
- Newham Adults Safeguarding Board
- City and Hackney Adults Safeguarding Board
- Tower hamlets adults Safeguarding Board

This policy should be read in conjunction with local multi-agency policy and procedures which can be accessed via their safeguarding websites (**see appendix 7**)

Safeguarding adults is underpinned by multi-agency working, with Local Authorities taking the lead. East London Foundation Trust work in partnership with other agencies in order to ensure best practice is integral to the role of Health Care workers. This policy forms a key part of those multi-agency arrangements.

2 Why we need this policy

2.1 Purpose

The policy sets out the responsibilities of all Trust staff to safeguard adults from abuse and underlines the principle that safeguarding is everybody's business.

The policy applies to people aged eighteen years of age and above; if there is a concern about a person under the age of eighteen staff must refer to the ELFT Safeguarding Children Policy.

2.2 Aims and objectives

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect.

Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support;
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and protect life and property.

To achieve these aims, it is necessary to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which may increase the risk of abuse or neglect;

- Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

3 Scope

3.1 Who this policy applies to

Safeguarding is everyone's business.

This policy applies to all staff working within the Trust, including agency staff and volunteers, and they must comply with their roles and responsibilities. Key roles and responsibilities are outlined in **Section 4**

The safeguarding duties apply to any adult who:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The adult experiencing or at risk of abuse or neglect will hereafter be referred to as the adult throughout this policy document.

For the purposes of this policy an adult is a person, aged 18 years and over who is at a greater risk of suffering abuse or neglect because of physical, mental, sensory, learning or cognitive illnesses or disabilities; and substance misuse or brain injury, and includes:

- those in receipt of social care support (paid or unpaid service)
- those who purchase their care through personal budgets
- those whose care is funded by Local Authorities and/or health services
- those who fund their own care
- informal carers, family and friends who provide care on an unpaid basis
- Those aged between 18 and 25 years and in receipt of children's services.

4. Roles and Responsibilities

The Trust recognises and upholds its duties and responsibilities to safeguard adults from abuse as set out in the Care Act 2014 and its supporting Statutory Guidance. The Trust fully embraces the principle that safeguarding adults is everybody's responsibility as embodied below.

London Boroughs of Hackney, Newham, Tower Hamlets and Luton, Bedford and Central Bedfordshire Adult Social Care Services

- Under Section 42 of the Care Act 2014, the local authority has a duty to ensure they carry out an enquiry (previously investigation), or cause an enquiry to be made by another organisation, if any concern (previously alert) is raised about adult safeguarding.
- Adult Social Care are the designated lead agency in the overall coordination, management and investigation of any alleged cases of abuse under the arrangements described in the Boroughs' Safeguarding Procedures. However, Section 75 of the National Health Service Act 2006 contains powers for NHS Trusts to exercise various Local Authority functions. This includes coordinating adult safeguarding enquiries for service users under the care of the Trust.
- The Trust will also take the lead in enquiries when the alleged perpetrator is a member of staff, although no Trust member of staff will be asked to undertake an enquiry into their own area of service.
- If Adult Social Care Services are made aware of an allegation of abuse towards a current or previous service user of the Trust the initial contact will be with the relevant Operational Manager who will initiate the internal Trust investigation in line with Safeguarding and Trust Human Resources Policy.
- All boroughs have well established **Safeguarding Adult Partnership Boards**. The Director and Associate Director for Adult Safeguarding represents the Trust at these Boards.
- Each Board is supported by a number of Sub-groups. The Trust is represented on each of these Sub-groups.

Trust Board

The Trust Board has overall responsibility for implementing a robust system of risk management within the Trust that enables the delivery of safe and effective care and ensures that Adults at Risk of harm from abuse are safeguarded. These responsibilities include:

- ensuring Board level leadership and senior management commitment to safeguarding adults;
- Ensuring there are structures in place and clear lines of accountability which include having in place named individuals with specific responsibility for safeguarding adults.
- ensuring an overall policy is in place;
- supporting a culture which places prevention of harm and the wellbeing of service users at the centre of all Trust activities and enables safeguarding issues to be identified and addressed;

- ensuring the appointment of and easy access for staff to a Freedom to Speak Up Guardian;
- Monitoring, auditing and evaluating the effectiveness of the safeguarding service.

Chief Executive

Ultimate responsibility for safeguarding within the organisation sits with the Trust Chief Executive Officer (CEO). As the accountable officer, the chief executive must ensure that responsibility for Safeguarding Adults is delegated to an appropriate Executive Lead

Chief Nurse

The Chief Nurse is the Trust Executive Lead for Safeguarding including Prevent, on behalf of the Chief Executive, who is supported by the Director and Associate Directors' for Safeguarding Adults and Children.

The Executive Lead for safeguarding adults is responsible for:

- providing executive leadership;
- providing assurance about the governance of safeguarding to the Trust Board, SAB's, commissioners, partner organisations and regulators;
- attending or designating a suitable alternative to attend at all relevant ELFT meetings;
- ensuring that the Trust is represented on SAB sub committees and task and finish groups;
- ensuring that there are effective procedures in place for managing allegations of abuse against staff;
- ensuring that safeguarding is integral to patient care;
- Ensuring that regular reports about safeguarding are presented to the ELFT Quality and Trust Board.

Director for Safeguarding

Director of Nursing is the identified Lead Executive for this policy who has been delegated by the Chief Nurse to deliver the statutory safeguarding responsibility for the Trust.

Associate Director for Safeguarding Adults

The Associate Director for Adult Safeguarding takes a strategic lead for safeguarding across the organisation, supports the Executive Leads for Safeguarding and has responsibility for leading and supporting the ELFT Corporate Safeguarding Team.

ELFT Corporate Safeguarding Team

The Trusts Safeguarding Team, works across all sites of the Trust. The role of the team is:

- To provide the expert Safeguarding Adults clinical leadership role within the Trust.

- To work at a strategic level across the health and social care community, fostering and facilitating multi-professional interagency working and training in respect of Safeguarding Adults.
- To represent the Trust at Multi Agency meetings, and Subgroups of the Local Safeguarding Adults Boards
- To act as an expert resource on Safeguarding Adults issues, providing accessible, accurate and relevant information to staff within the Trust.
- To carry out audits in order to measure and monitor staff knowledge and compliance with policy and procedures.
- To contribute to the development and delivery of the safeguarding training programme that is current to the trust.
- To provide group/individual supervision in accordance with the Safeguarding Supervision Policy.
- To report to the Strategic Safeguarding People Board.

(Please see Appendix 1 for Corporate Safeguarding Team structure and contact details.)

Human Resources

The Trust HR function has a central role in safeguarding people from abuse as follows:

- to ensure that safe and effective selection and recruitment procedures are in place that are able to identify candidates who may be unsuitable to work with vulnerable people in accordance with Home Office guidance as set out by the Disclosure and Barring Service (DBS);
- to ensure that appropriate disciplinary investigation and procedures are in place to deal appropriately with a member of staff who may act abusively towards a patient or other person;
- to provide advice on the management of staff/volunteers who have had allegations made against them - this may include providing advice on disciplinary processes as well as supportive measures available for the member of staff/volunteer concerned;
- to ensure that the appropriate and national bodies are informed when staff are suspended or dismissed due to a safeguarding concern or allegation;
- to ensure that there is a policy in place which supports staff to raise concerns and that there is an agreed process to support staff reporting poor practice;
- to ensure a commitment to staff training at all levels.

The Directors

The Directors, the Borough Lead Nurses and Senior Managers are responsible for ensuring that the requirements of this policy to safeguard adults are managed within their directorates and that staff are aware of and implement those requirements. The Associate director will ensure that quarterly safeguarding reports are provided for the Trust Safeguarding Committee;

All Trust Staff

All employees (including bank & agency staff), volunteers and contractors are required to adhere to the policies, procedure and guidelines of the Trust, including their roles and responsibilities under this policy. All ELFT staff must:

- read and comply with this policy;
- all clinical staff in particular must familiarise themselves with the Multi-Agency Safeguarding Adults Procedures – see links below:

London: <https://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf>

Beds and Luton: https://www.centralbedfordshire.gov.uk/migrated_images/multi-agency-policy-practice-procedures-jan-2018_tcm3-19861.pdf

- work effectively to prevent harm, abuse, and neglect, and act positively to protect adults at risk;
- work at all times within the guidelines of their professional codes of conduct and the policies of the Trust to prevent abuse through any act or omission or poor professional practice whether or not this may be intentional;
- undertake and keep updated in mandatory safeguarding training.

5 Policy

5.1 Six key principles of safeguarding

Empowerment – People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

5.2 Types of abuse and explanations

The Care Act 2014 and associated Care and Support Statutory Guidance describes 10 categories of adult abuse. The section below sets out the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

Physical abuse including:

- assault
- hitting
- slapping
- pushing
- misuse of medication
- restraint
- inappropriate physical sanctions

Psychological abuse including:

- emotional abuse
- threats of harm or abandonment
- deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks

Sexual abuse including:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault
- sexual acts to which the adult has not consented or was pressured into consenting

Neglect (and acts of omission including):

- ignoring medical, emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect

This covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and also behaviour such as hoarding. It should be noted that self-neglect may not necessarily prompt a safeguarding (section 42) enquiry, especially where an adult is recognised to have capacity to make decisions about lifestyle choices.

ELFT staff working with cases of suspected self-neglect must not work alone. Support and advice must be sought from the individual's line manager and/or multi-disciplinary team (MDT), and/or the Trust Safeguarding Team so that a robust care and support plan can be established. Regular clinical and safeguarding supervision must be sought in respect of the management of complex and difficult cases and all advice on the course of action to follow must be recorded in the adult's clinical record.

There may come a point when ELFT staff are no longer able to do support the adult's choices without external support. In such situations ELFT staff who have serious or escalating concerns about the welfare of an adult who is self-neglecting yet has capacity, must, with the guidance of the line manager or MDT, consider a safeguarding adults referral.

Financial or material abuse including:

- theft
- fraud
- internet scamming
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

Discriminatory abuse including forms of:

- harassment
- slurs or similar treatment because of:
 - race
 - gender and gender identity
 - age
 - disability
 - sexual orientation
 - religion

Domestic abuse/violence

The cross-government definition of domestic violence and abuse is:

Sections 1 to 3 of the Domestic Abuse Act 2021 create a statutory definition of domestic abuse, which is set out below:

Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if— (a) A and B are each aged 16 or over and are "personally connected" to each other, and (b) the behaviour is abusive. A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child). Behaviour is "abusive" if it consists of any of the following—

- a) **physical or sexual abuse;**
- b) **violent or threatening behaviour;**
- c) **controlling or coercive behaviour;**
- d) **economic abuse;**
- e) **psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.**

Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to acquire, use or maintain money or other property, or obtain goods or services. Two people are “personally connected” to each other if any of the following applies —

- a) ***they are, or have been, married to each other;***
- b) ***they are, or have been, civil partners of each other;***
- c) ***they have agreed to marry one another (whether or not the agreement has been terminated);***
- d) ***they have entered into a civil partnership agreement (whether or not the agreement has been terminated);***
- e) ***they are, or have been, in an intimate personal relationship with each other;***
- f) ***they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));***
- g) ***they are relatives.***

A child is considered a victim of domestic abuse if they see or hear, or experiences the effects of, the abuse, and they are related to A or B”.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Domestic abuse is a significant cause of serious harm or death and constitutes a considerable proportion of overall crime. Because domestic abuse causes considerable problems to individuals and to society so it is vitally important that it is tackled and its victims made safe.

People may experience domestic abuse regardless of their gender, ethnicity, religion, sexuality, class, age or disability. It may also occur in a range of different relationships including heterosexual, gay, lesbian, bi-sexual and transgender, as well as within families. Whilst both men and women can be victims of domestic abuse, women are much more likely to be victims than men.

Effective safeguarding is achieved when agencies share information to obtain an accurate picture of the risks and then work together to ensure the safety of the adult at risk is prioritised – please see Domestic Abuse policy.

Organisational abuse

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This

may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Incidents of abuse may be one-off or multiple, and affect one person or more. ELFT staff must look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Modern slavery

Modern slavery is a serious and brutal crime in which people are treated as commodities and exploited for criminal gain. It encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude
- sexual exploitation
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Modern slavery victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.

Traffickers or modern slavery facilitators can select victims from amongst vulnerable groups, for example, people with:

- substance misuse issues;
- debts, in their country of origin or as a result of their illegal migration;
- Mental health problems;
- Learning disabilities.

A common factor of trafficking is that the trafficker will present a scenario in which the potential victim can improve the quality of their life and that of their family. Vulnerable people are often targeted as being easier to coerce into a situation where they can be manipulated.

The scale of modern slavery in the UK is significant and there have been year on year increases in the number of victims identified. The Home Office has estimated that in 2013 there were between 10,000 and 13,000 potential victims of modern slavery in the UK.

Reporting suspected modern slavery:

Where there are concerns that an individual may be a victim of modern slavery, a safeguarding adult referral form must be completed. In addition to this, an additional referral in accordance with the National Referral Mechanism (NRM) must also be completed –

please see below for details on how to do this. A Datix incident form must also be completed.

People who are thought to be victims of modern slavery are entitled to help and protection from the UK Government. They may be unwilling to come forward to law enforcement or public protection agencies, not seeing themselves as victims, or fearing further reprisals from their abusers. Victims may also not always be recognised as such by those who come into contact with them.

Local support for victims is available from the Rahab Project – please see link below:
<http://www.themustardtree.org/rahab>

Where a suspected victim is admitted to any ELFT in-patient unit, care must be taken regarding who is visiting the patient; advice about this can be taken from the police or any other agency that may be involved in supporting the patient. When the patient is discharged, this must be done in accordance with multi-agency advice and in such a way that the patient is kept safe from harm.

Do not permit a visitor to discharge the patient; if there is a risk of this happening the Trust Security Team must be alerted along with the police. If a patient at risk disappears from an inpatient setting, the Trust Missing Persons Policy must be invoked.

In 2009 the UK government set up the NRM to which potential cases are referred and through which victims can access relevant support. This mechanism has been reinforced and encompassed into legislation in the form of the Modern Slavery Act 2015.

Frontline staff (also called first responders) may have concerns that modern slavery has taken place: they don't need to be certain that someone is a victim. Where appropriate urgent health needs must be met and the case must then be referred to the NRM so that a competent authority can fully consider the situation.

From 1 November 2015, specified public authorities (including NHS Trusts) are required to notify the Home Office about any potential victims of modern slavery that they encounter in England and Wales. Completing the NRM form (please see link below) is sufficient to satisfy this duty to notify as long as all of the sections marked with a † are completed. National referral mechanism form: adult (England and Wales)

Adults will only be accepted into the NRM if the consent section of the form has been completed. Informed consent requires that the potential victim have the NRM, the referral process, and potential outcomes, clearly explained to them.

If the potential victim does not want to be referred to the NRM, then an MS1 form (please see link below) must be completed and sent to dutytonotify@homeoffice.gsi.gov.uk. The MS1 form can be anonymous.

Form: duty to notify the Home Office of potential victim of modern slavery
<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>

Detailed Home Office guidance for frontline staff is available from the link below:

<https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims/modern-slavery-statutory-guidance-for-england-and-wales-under-s49-of-the-modern-slavery-act-2015-and-non-statutory-guidance-for-scotland-and-northe>

<https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/modern-slavery-and-human-trafficking>

Fabricated Illnesses/induced illnesses

Fabricated and induced illnesses are most commonly associated with children, however adults who lack capacity to make decisions about their health and its management and adults who are under the “control” of family members may experience similar issues to children and be at risk of unnecessary examinations and treatments.

Limited research exists into adult’s experience of fabricated and induced illnesses, however health practitioners report seeing examples of this in practice, especially for adults with learning disabilities, dementia and some other mental health diagnoses (e.g. autism) The Care Act (2014) is clear that our responsibility to safeguard adults includes stopping harm and abuse, where possible or limiting the impact by preventing harm and abuse Adults who are frequently been brought to unnecessary health appointments, without their choice or consent, may require safeguarding if normal professional interventions fail to address the issues

In potential suspected cases of fabricated or induced illness where vulnerable adults are consenting for appointments, assessments and interventions to take place, a consideration of coercion/control and possible ‘victim coaching’ taking place may be required.

Signs that might suggest an adult is being brought to health appointments without consent

Adults who have an impairment of the brain or mind that may impact on their ability to make decisions about their health may be unnecessarily brought by family and/or friends for health concerns that have no basis in fact.

Adults are brought to the attention of health professionals and are not allowed to speak or have limited opportunity to speak for themselves.

Signs that may indicate potential factitious or induced illness

- Discrepancies in the overall clinical picture of the adult or the adult having a ‘Perplexing Presentation’.
- Symptoms reported by family or care giver not evident on admission to hospital or as a result of other independent medical assessment (GP, nurse etc)
- Adults may be brought to the attention of health services with symptoms that can be generated by misuse of “over the counter” medication (e.g. laxatives, analgesia, etc), with symptoms due to misuse/omission or insufficient dosing/overdosing of prescription medications.
- Adults may have symptoms that suggest neglect by family or care givers, these include dehydration, poor diet resulting in constipation or diarrhoea, skin infections etc

- Adults may have numerous minor injuries that are not proportionate to their circumstances (i.e. sprains, bruises, lacerations, etc) either with legitimate explanations or not.
- Adults seem disinclined to engage with assessments but the person accompanying them is very insistent on additional tests/examinations. This can also involve repeated requests for tests already carried out, as well as families and care givers unwilling to accept the results of previous tests or examinations.
- Family and care givers being keen for adults to be admitted onto wards, for follow up appointments or referrals to be made to specialist medical services or demands for new treatments.
- Families and care givers making repeated appointments for the adult or selectively not attending scheduled appointments.
- Families and carers reporting symptoms that cannot be explained by any existing medical condition, physical examinations and tests/investigations that do not explain the adult's presentation or symptoms, as well as inexplicable poor responses to treatment, medication and procedures.
- Families and care givers accessing a number of differing health professionals (i.e. contacting 101, GP and out of hours GP, contacting the ambulance service via 999, A&E and walk-in centre attendance, etc) with worsening of current symptoms/presentation or reports that symptoms/presentation are unchanged and not improving, as well as development of new symptoms.
- Differing information (potentially based on knowledge gained by contact with earlier professionals or researching) being reported and shared with differing health care professionals. This may also include the potential falsification of medical documentation, care notes, test results, tampering of samples taken amongst others.
- 'Doctor Shopping' - Frequent changes in GP and attending differing hospitals within the geographic area or sometimes out of area are also potential indicators.
- This list is non exhaustive and may include other potential signs and indicators.

5.3 PREVENT Concerns

The Trust, as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to protect, safeguard and promote the welfare of children, young people and adults at risk and support the Home Office Counter Terrorism strategy CONTEST.

This includes a specific focus on Prevent (preventing violent extremism / radicalisation). Throughout this document, safeguarding children, young people and adults at risk includes those vulnerable to violent extremism/ radicalisation. The key legislative framework includes: The Counter Terrorism Act 2015, The Children Act 1989 (2004), Working Together to Safeguard Children (2015), No Secrets (2000), The Crime and Disorder Act (1998), Health and Social Care Act (2008) and the Care Act (2014).

Where there are urgent concerns that an individual is presenting as an immediate terrorist risk to themselves, others or to property this must be reported to:

- The National Counter Terrorism Hotline on 0800 789321 or
- The police using the 999 number

Additional guidance about Prevent issues is available from the Trust Prevent Policy.

5.4 Think Family

When considering the wellbeing of any adult, services and professionals need to respond to the crucial context of family. A family focus must be considered alongside, not instead of, the provision of individual care. A comprehensive assessment will take into account the circumstances in which adults live and their caring responsibilities, as well as their individual wellbeing.

Personal stress factors and risks do not necessarily seriously affect an adults parenting or caring capacity, however it is important to recognise that many families face multiple problems which can have a compounding effect. People living in these families are disproportionately more likely to experience poor outcomes.

Factors to consider include:

- poverty;
- debt;
- unemployment;
- lack of supportive family and social networks;
- crime and experience of the criminal justice system;
- poor housing or homelessness;
- antisocial behaviour;
- drug and alcohol problems;
- mental health concerns;
- learning disabilities;
- physical health concerns;
- relationship problems and breakdown;
- Domestic abuse.

In order to better understand the whole picture of an adult's circumstances it is important to consider asking family-related questions at first and subsequent contacts such as:

- Who else lives in your house?
- Who helps with your support and who else is important in your life?
- Does anyone have lasting power of attorney for your health and care and/or your finances?
- Is there anyone that you provide support or care for?
- Is there a child in the family (including stepchildren, children of partners or extended family)
- Does any parent need support in their parenting role?

Working with adults who live with multiple problems can be challenging and it may not be possible to easily change all the adversities which they and their families experience. However it may be possible to reduce the negative effects and promote protective factors through keeping a focus on individual and family strengths and resilience.

It is important to recognise the impact that individual family members can have on one another. The behaviour of children, for example, can have a large impact on their parents' circumstances and behaviours, as well as vice versa. Whilst children can be a source of motivation to curb risk-taking behaviours, they can also be a trigger for challenges and stresses within the family; for example having a child with a disability and/or complex health needs can lead to particular strains on a family.

A whole-family approach may frequently necessitate joint working across a wide range of local partnerships in order to enable services to be coordinated. The sharing of information with other key agencies through agreed referral processes must always be considered. ELFT staff must always remain aware and be prepared to intervene when there is concern that a child or another Adult at Risk is suffering or is likely to suffer harm.

5.5 Making Safeguarding Personal

The Care Act's statutory guidance asks **Authorities^{AM1}** (LAs) to put into practice the Making Safeguarding Personal (MSP) "person-led" and "outcome-focused" approach to adult protection. This involves practitioners identifying and seeking to achieve, as far as possible, the preferred outcomes of the adult at risk, through the adult safeguarding process

ELFT is committed to the principles of making safeguarding personal and requires staff to work with an adult to establish what being safe means to them and how that can be best achieved. Staff must not promote "safety" measures that do not take account of individual well-being.

A key principle of MSP is to engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances their involvement, choice and control as well as improving quality of life, wellbeing and safety. The purpose is to ensure that the adult experiences the safeguarding process as being empowering and supportive.

The need to protect people from abuse and neglect is a key principle of wellbeing and the Care Act 2014 puts great importance on making safeguarding personal. This means that in any safeguarding situation the wellbeing of an adult at risk must be promoted, and their wishes and feelings always taken into account.

Staff must always assume that an adult has capacity to make their own decisions and must do everything possible to support them to do so. This is a key tenet of the Mental Capacity Act 2005 (MCA) as well as being fundamental to individual wellbeing and making safeguarding personal. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made on their behalf, must be made in their best interests.

In any safeguarding situation Trust staff must:

- Work with an adult (and their advocates or representatives if they lack capacity) from the outset in order to identify the outcomes they want to achieve.

- Review with the adult at the end of safeguarding activity to what extent their desired outcomes have been achieved.
- Record and monitor the results in a way that can be used to inform practice and account to the respective Safeguarding Adults Boards.
- Develop a range of robust and appropriate responses that focus on supporting adult to meet their desired outcomes and reduce the risk of or recurrence of abuse.

Any safeguarding concerns raised about an adult who has care and support needs must be reported so that a decision can be made about whether it is necessary to carry out a safeguarding enquiry. This process must always include the adult about whom there are concerns, so that their wishes and preferences can be acted on as far as is possible and in keeping with the principles of 'Making Safeguarding Personal'.

5.6 Mental Capacity Act 2005/ Deprivation of Liberty Safeguards^[AM2]

This section sets out the work that should be undertaken and must be considered throughout adult safeguarding concerns

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. The Mental Capacity Act outlines five statutory principles that underpin the work with adults who lack mental capacity:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity;
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success;
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision;
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests;
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Where a person has capacity any care and treatment will require their consent. For people who have an impairment or disturbance of the mind that impacts on their ability to exercise their capacity and to make their own decisions, the MCA (2005) requires that practitioners consider and make all reasonable adjustments that would allow the person to make their own decisions. Please refer to the Trust Mental Capacity and Best Interests Policy which is available on the intranet.

The DoLS provides a legal framework for hospitals and care homes to lawfully deprive patients or residents in their care of their liberty. In cases where there is suspicion of a Deprivation of Liberty occurring in a community setting, such as supported accommodation, an application for authorisation must be lodged with the Court of Protection

DoLS consideration in assessing whether an incapacitated person is deprived of their liberty focuses on:

- Is the patient under constant supervision and control?
- Is the patient not free to leave?
- What is their objective situation overall?
- Please refer to the Trust's Mental Capacity 2005 and DoLS Policy

For further clarification about mental capacity issues, please refer to the MCA 2005 Code of Practice – link below:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

For more detailed guidance and information about how to work within the legislation please refer to the ELFT MCA & DoLS Policy.

If a person lacks capacity in any of these areas, then this represents a lack of capacity (see Mental Capacity Act 2005: Code of Practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

Where a person is assessed as lacking capacity, and there is no one suitable to help make decisions such as family members or friends, or where there are concerns that these individuals may pose a risk to the adult concerned, then an independent mental capacity advocate (IMCA) must be appointed to represent the interests of the Adult at Risk.

Contact details of the IMCA services for each authority are available from the link below:

<https://www.scie.org.uk/mca/imca/find>

5.7 Procedures of managing the concern

Safeguarding individuals at risk covers a wide spectrum of activity from prevention through to joint multi-agency responses where neglect, harm and abuse occur. The Trust's workforce is uniquely placed to identify any potential safeguarding risk and/or concern. The Trust does not tolerate neglect and/or poor professional practice. Poor practice or neglect may take the form of isolated incidents of inadequate or unsatisfactory professional practice through to pervasive ill treatment or gross misconduct.

Repeated instances of poor care may be an indication of more serious problems (institutional abuse).

- Be aware and receptive to signs of harm, neglect and abuse. Look beyond first impressions
- Help service-users express what is happening to them. Recognise patterns of concern
- Help service-users to voice what they want to happen

- You have a duty to report any concerns about care provided by other individuals and/or agencies external to the Trust

One of the hardest decisions for staff is whether to raise a concern. There is a real danger of staff tolerance growing with continued exposure to seemingly minor issues.

This can lead to complacency and a potential acceptance of behaviour that would not be tolerated in other settings. It can result in incidents not being placed into the multi-agency context when this would be the expected course of action. Therefore, it is important to record all incidents and monitor trends so that repeated or targeted incidents are identified and that **referrals are made when abuse occurs or is alleged.**

Action to be taken if someone Reports and/or Discloses Abuse of a Person with Care and Support Needs

All staff have a responsibility to report all concerns regarding any form of abuse or suspected abuse. This is not isolated to the care and support delivered by individuals or your teams within the Trust, it is far broader. Staff must consider the holistic care or support the individual(s) at risk receives. This might involve another organisation or a member of the public or family.

The local authority safeguarding team will take all concerns seriously. They will as far as possible try to protect staff anonymity. It does not matter if the allegation is in doubt or proven to be wrong, because safeguarding an individual at risk is your priority.

Reporting concerns of Adult Abuse to the Police

Everyone is entitled to the protection of the law and access to justice; all victims of abuse must be informed of their right to report an allegation to the police. The police have a lead responsibility for investigating any criminal offences committed against an Adult at Risk. In all situations where an adult has possibly been abused and a crime may have been committed, the first consideration must always be the person's safety and respect for their dignity and rights.

In non-urgent situations the police can be contacted using the 101 telephone number. Any discussion with the police, including a crime reference number assigned to the case, must be recorded in the clinical record.

In emergency situations contact the police using the 999 telephone number and record this fact in the clinical record. Inform your line manager.

It is essential that any actions taken by ELFT staff do not increase risk to the adult or compromise an investigation. It is vital that the accounts of any adults at risk, witnesses and suspects are obtained in a way that does not affect their admissibility in the courts. If there are any doubts about this the Trust Safeguarding Team must be consulted so that discussion with the police for advice as to the best course of action can take place.

Where an allegation of crime is made it is important to abide by the following key principles:

- Let the adult know who will be informed, and offer support;

- Do not make promises that may not be kept regarding confidentiality. If there is evidence of a serious crime or other factors are involved, then it is your duty to share the information;
- Do not speak about the allegation to the person alleged to have caused the harm without checking with the police first;
- Only ask questions to establish what has happened, to find out if the adult or another person is at immediate risk of harm and to establish the basic facts;
- Do not ask leading questions, but do not stop someone from speaking whilst they are disclosing what has happened, as this may convey a message that they are doing something wrong;
- Keep a record of what is said and use the exact words of the person involved and note the time, date and location of any recording;
- Record the physical appearance of any individual/s involved and note any damage or other relevant information regarding to the surrounding environment;
- Take steps to preserve evidence where possible and explain to the police what you have done. It is equally important to tell them if you have moved or touched something that might be relevant;
- Consider other individuals who may be involved in the situation and could also be potential victims – please see section entitled “**Think family**”.

By observing these simple rules you will assist the victim and ensure that evidence is obtained in a professional manner and that any criminal prosecution will not be jeopardised.

Some adults may choose not to pursue a criminal allegation but the police will continue to secure and preserve evidence and a crime report will still be recorded. Whilst adults have a right to make decisions about their lives, in some circumstances the wishes of the Adult at Risk may be overridden if concerns persist about their own safety or that of others.

Other than investigating a crime, the involvement of the police can be of additional benefit such as obtaining victim support, or enabling the police to invoke specific protective actions which may apply to the situation, for example a Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notice (DVPN).

Third Party Reporting

If you have been given information or believe that a crime has been committed against an Adult at Risk, this **must** be reported to the police. This can be done **without** consent, even if the Adult has the capacity to decline. Third parties should report on behalf of the victim with or without consent as safeguarding the victim takes priority over consent.

It is clear, that if staff do not report a crime, the consequences of any risk to the Adult at Risk will rest with those staff

Non-Recent Abuse

If a person discloses historical abuse and is agreeable to sharing this information including the potential perpetrator, gain their clear consent and report this directly to the appropriate local authority safeguarding team. Ensure all information is clearly documented within the profile notes.

There may be times where a person will not want to disclose historical concerns initially; however this may be explored through therapeutic intervention.

If the person does not consent to sharing their disclosure wider to allow for investigation but they have given a potential perpetrators name, you can share the perpetrators name **ONLY** with the Protection of Vulnerable People Unit (PVPU) on 101.

If there is a wider concern that the person who has been alleged to have caused harm to that person, is in contact with other adults at risk, children or young people, or works in a position of trust, the information **MUST** be reported to the Local Authority Safeguarding Team or via the Police on 101 as a matter of public interest.

In all cases inform the Trust safeguarding team.

Decision to Raise a Concern with the Local Authority

The decision to raise a concern is a key step in the safeguarding referral process.

When considering if a safeguarding concern needs to be completed, staff must consider Section 42

(1) Care Act 2014, three duties:

- a) Does the person have needs for care and support (whether or not the authority is meeting any of those needs?)
- b) Are they experiencing, or at risk of, abuse or neglect, and
- c) As a result of those needs are they unable to protect himself or herself against the abuse or neglect or the risk of it.

Staff need to document their decision making process, if they require support or advice they should contact the Local Authority Safeguarding Adults team or internally the ELFT Safeguarding team for additional guidance.

It is possible to manage some potential safeguarding concerns internally. The key is robust documented evidencing of all discussion, decisions made and action taken. There must be evidence that a safeguarding adult's referral has been considered and a clear rationale to the decision not to refer.

For example:

- One-off disagreements between two service users, where neither vulnerable adult was harmed or is considered to be particularly vulnerable to the other

- Staff believe the incident is a one off, isolated minor incident where no harm has been caused
- The incident involves actions such as shouting at each other, but where there is deemed to be an equal power relationship it is extremely important in all situations to recognise that the victim might consider the behaviour or action to be a form of abuse. There must be clear concise evidence that safeguarding was considered.

When using your professional judgement to determine whether an incident is reported to the local authority safeguarding adults' team/ Police, you may find it useful to consider the following:

- The consequences to the alleged victim and the equality of the relationship between the alleged perpetrator and the alleged victim
- The ability of the alleged victim to consent
- The mental capacity of the alleged perpetrator to understand the consequences of their decision to act in the way that is alleged
- The intent of the alleged perpetrator
- The frequency of this and similar allegations regarding the alleged perpetrator

You **must** refer if:

- The alleged victim considers the actions against them to be abusive
- The alleged victim or carer is distressed, fearful or feels intimidated by the incident
- You believe that there is a deliberate attempt to cause harm or distress
- Incidents are repetitive and targeted to either the adult or others
- The action resulted in a physical injury
- A crime has been committed
- The incident involves a member of staff

This list is by no means exhaustive – in any situation where you feel abuse has occurred, a referral must be submitted to the relevant local authority safeguarding adults team.

In the decision-making process, you must evidence the following:

- Why does this adult(s) need safeguarding – what are the risks?
- What actions need to be taken to reduce that risk?
- Do they consent to this action?

- Are others potentially at risk?

All adults identified at risk of abuse will be listened to and taken seriously in an appropriate manner.

Adults have a right to privacy, to be treated with dignity and respect. Adults have the right to lead their own lives and have their rights upheld, regardless of ethnic origins, gender, sexuality, disability, age, religious or cultural background and beliefs.

Gaining Consent

When a decision has been made to complete a concern to the local authority staff must gain informed consent from the adult at risk (informed consent applies when a person can be said to have given consent based on a clear appreciation and understanding of the facts, and the implications and consequences of an action).

Staff will assume a person has capacity unless proven otherwise (section 7 – Mental Capacity Act 2005). Adults with capacity have a right to make their own choices irrespective of how unwise their decision is.

If an individual with capacity makes an unwise decision, there will be clear documented evidence of the advice and any recommendations made or actions taken to reduce future risk(s)

What if they do not/ cannot consent

Some service-users are unable to complain about abuse or consent to raise a concern to the local authority safeguarding adult team.

You will always ask the person their preferred course of action. There are occasions when staff can override a person's wishes:

- Vital interest (critical to prevent serious harm or distress, or in life- threatening situations)
- Public protection concerns (other people are at risk)
- Best interest decisions – no mental capacity to make an informed decision

If the decision is to act without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and why. Where staff have made the decision to share the information staff must ensure that all decision making is evidenced within the profile note.

Further information can be found in the Social Care Institute for Excellence adult safeguarding.

<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

Completing a Concern

If there is any doubt, complete a concern and submit to the relevant local authority safeguarding adult team.

The referral process is simple:

- The full detail of the safeguarding incident is to be recorded on the concern form. You must ensure that the detail is comprehensive and it reflects the actual incident and/or allegation.
- Any discussion, decisions made or any actions taken to protect the individual must be documented. Send a copy of the completed concern to the relevant local authority safeguarding adult Team.
- Complete a Datix.
- Ensure that the concern form is uploaded to the service user's notes.

5.8 Section 42 enquiries

Section 42 of the Care Act 2014 states that Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult with care and support needs is, or is at risk of, being abused or neglected.

An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place.

The purpose of a Section 42 safeguarding enquiry is to decide what action is needed to help and protect the adult.

Its aims are to:

- establish the facts about an incident or allegation;
- ascertain the adult's views and wishes on what they want as an outcome from the enquiry;
- assess the needs of the adult for protection and how they might be met;
- protect the adult from the abuse and neglect, as the adult wishes;
- establish if any other person is at risk of harm;
- make decisions as to what follow-up actions should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the adult to achieve resolution and recovery.

The Local Authority may decide that Trust staff should make the enquiry, advising on timescales and outcomes.

Ward/Team managers and Modern Matrons should be made aware of all Section 42 enquiries into the Trust and have oversight of these once completed. Entrusted enquiries should only be delegated to a staff member competent to complete the enquiry and who is

trained at Safeguarding level 3 at a minimum. The Trust Safeguarding team can support with these enquiries if required by offering Section 42 Enquiry training.

Parallel processes

Sometimes other enquiries will also be needed under other procedures.

- If a criminal offence is suspected the police may undertake an investigation, and if so, this **will take priority**.
- If the person is an employee, then a disciplinary process may be required.
- There may also be a need for an internal incident investigation.

A safeguarding enquiry is separate from these, but often it is possible for organisations to work together so that people do not need to be interviewed more than once.

5.9 If a safeguarding concern does not progress to enquiry

The local authority safeguarding adult team will take all concerns seriously. In some incidents, they may decide not to investigate. The local authority safeguarding adult team will feed back to the referrer the reason and rationale why they have come to this decision. Even in these circumstances, staff must ensure the continual safety of those in our care and protection.

To ensure the continual safety of those individuals at risk staff can take pathway options and/or actions.

- Evaluate existing assessments, care plans and risk tools. Ensure that there is clear documented evidence that this has occurred
- If the existing assessments, care plans or risk tools do not cover the current risk(s) staff must implement new ones to ensure measures have been put in place to reduce future risk

Staff can consider other referral options (this list is not exhaustive):

- Care Quality Commission (CQC)
- Internal Trust – human resources (capability/disciplinary routes), health and safety, risk management, complaints, ELFT Safeguarding Team etc.
- Care management – request review of current care plan, request for a professionals meeting
- NHS continuing care team – request a review
- Local authority health and safety enforcement office – environmental issue or equipment concerns in private and independent residential care homes
- Local Authority Business Unit where there are concerns about the quality of care with private/independent care providers (domiciliary care or residential)
- Request for a best interest meeting
- Freedom to speak up procedure

- Refer to the local high risk panel

Criminal investigations take priority over all other investigation processes such as Section 42 enquiries and disciplinary procedures.

→ **Safeguarding concerns to be raised where incident occurs**

6. Information Sharing

As part of inter-agency working, agreement on the sharing of information is required. There are a number of key points relating to the importance both of confidentiality and of disclosing confidential information when necessary to support a safeguarding or criminal investigation. This is also reiterated in the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England) and the Care Act 2014.

- Information must be shared on a “need to know” basis, and only when it is in the ‘best interest’ of the vulnerable adult
 - Confidentiality should not be confused with secrecy
- Informed consent should be obtained but, if this is not possible and other vulnerable adults are at risk, it might be necessary to override this requirement
- Principles of confidentiality designed to safeguard and promote the interests of service users should not be confused with those designed to protect the management interests of an organisation.

Staff in handling and disclosing personal information must adhere to the seven principles of sharing information.

1. **Necessary and proportionate** to the need and level of risk.
2. **Relevant** – only information that is relevant to the purposes should be shared with those who need it.
3. **Adequate** – information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.
4. **Accurate** – information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.
5. **Timely** – information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection.

6. **Secure** – wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation’s policy on security for handling personal information.
7. **Record** – information sharing decisions should be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester.

For the sharing of information with the police when professionals have concerns, a **partnership information form** (PIF) should be used. These are available on the Trust intranet.

For further guidance:

- General Protocol for Sharing Information between Agencies, Information Governance Policy
- Access to Health Records Policy
- Alternatively, contact the Trust’s Caldicott and Data Protection Officer.

7. Multi-Agency Risk Assessment Conference (MARAC)

In situations where the adult is experiencing high risk domestic abuse, it may be necessary that they meet both the requirements to raise this concern within safeguarding procedures **and** the need to refer into MARAC.

For further guidance on how to assess this risk and refer, staff are to follow the Trust **Domestic Abuse procedure**.

Persons alleged to have caused harm

Indicators of abuse or neglect often include the misuse of power by one person over another.

An individual, a group or an organisation may perpetrate abuse or neglect which can be deliberate or the result of ignorance, lack of training, knowledge or understanding.

8. Allegations of abuse from one adult at risk to another

Where both parties are deemed to be an adult at risk support should be offered to both throughout the safeguarding procedure.

In all such cases care must be taken to ascertain and understand the nature of the allegation / disclosure from the point of view of both the alleged victim and the alleged perpetrator.

Someone in whom both individuals have confidence should undertake this most important element of the procedure. Both parties should have different workers to ensure separate, independent representation and who are able to give both individuals support in coping with the safeguarding procedures.

If abuse is suspected or confirmed safeguarding adult procedures should be followed to ensure the protection of the alleged victim and a positive outcome for both individuals.

The ability of the alleged perpetrator to understand their actions, intentions and the possible consequences of their behaviour will be considered throughout the process.

If one or both persons is deemed not to have capacity, this and the rationale/assessment must be clearly recorded, along with subsequent risk management plans.

Where there are multi agency public protection (MAPPA), Safeguarding Children or Domestic Abuse issues, staff must refer to the Trust **MAPPA procedure, Safeguarding Children policy and Domestic Abuse procedure**

Allegations of abuse by staff

If there are concerns that a Trust member of staff may have caused or put an 'adult at risk' (as defined by the Care Act) at risk of abuse or neglect then safeguarding adult procedures should be followed. For effective planning of a safeguarding enquiry, the focus on both the needs of the adult and the disciplinary processes should be considered. Please refer to the Management of Allegations against Staff policy for more information.

There may also be occasions where concerns are raised about a staff member's behaviour, outside of their professional practice, that may cause concern in relation to working with vulnerable adults. The Trust Safeguarding team and Human Resources team should also be informed of these and the relevant local authority safeguarding adult team.

Where local multi-agency policies and procedures are in place, these must be followed in conjunction with this policy when managing any allegations made against staff. Staff facing allegations should also be supported through their line manager and the Trust Employee Support Services where appropriate.

The Trust Safeguarding team will have oversight of all safeguarding concerns involving a staff allegation, and support clinical and/or corporate services, until the safeguarding enquiry closes.

A communication pathway is in place between the Trust Safeguarding team, Human Resources team and Professional Nursing & Education team to ensure effective liaison between all processes take place.

Where appropriate, Human Resources will lead on any referrals to the Disclosure and Barring Service (DBS) and the individual's registering body (e.g. Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), and the General Medical Council (GMC).

All staff should make themselves familiar with the Trust **Freedom to Speak Up policy** should they have concerns around individual or organisational practice.

Out of Hours

Please contact the on-call Senior Manager or director.

9. The Adult's Right to Advocacy

The Care Act requires that each local authority must arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

Where it is considered appropriate, an adult must be supported during an assessment, a carer's assessment (including any children assessments), the preparation of the care and support plan and any safeguarding review.

The right to advocacy must always be considered at every stage of the safeguarding process and consideration given to whether the person at risk would benefit from the support of an independent advocate to express their views. This includes considering the requirement to provide a statutory Independent Mental Capacity Advocate (IMCA) – see link below on how to find a local IMCA service: <https://www.scie.org.uk/mca/imca/find>

There are three types of statutory advocates in England and Wales. These are:

Independent Mental Health Advocates (IMHAs). These are specially trained advocates who can support certain patients under the Mental Health Act 1983.

Independent Mental Capacity Advocates (IMCAs). These are specially trained advocates who can support certain people under the Mental Capacity Act 2005.

Social care advocates. These can support certain people under the Care Act 2014 (in England) and the Social Services and Wellbeing (Wales) Act (in Wales).

10. Carers and Safeguarding

It is important that professionals in the Trust are aware of the [Department of Health guidance](#) in relation to carers and safeguarding. Professionals responding to a safeguarding concern should consider the needs of the carer as part of the safeguarding of the adult.

Circumstances in which a carer (for example, a family member including a young person or friend) could be involved in a situation that may require a safeguarding response include:

- a carer may witness or speak up about abuse or neglect
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with
- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others

Assessment & support planning

Section 1 of the Care Act includes protection from abuse and neglect as part of the definition of wellbeing. As such, a needs or carers assessment is an important opportunity to explore the individuals circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring.

If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is undertaken and other agencies are involved as appropriate.

If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to:

- as part of the assessment and support planning process, whether support can be provided for the carer and/or the adult they care for that removes or mitigates the risk of abuse, and;
- whether other agencies should be involved

Key considerations

Other key considerations in relation to carers should include:

- involving carers in safeguarding enquiries relating to the adult they care for, as appropriate (taking into account gaining consent from the adult at risk)
- whether or not joint assessment is appropriate in each individual circumstance
- the risk factors that may increase the likelihood of abuse or neglect occurring
Whether a change in circumstance changes the risk of abuse or neglect occurring

A change in circumstance should also trigger the review of the care and/or support plan.

11. Discharge of Patients Subject to Safeguarding Procedures

If a patient is the subject of a Safeguarding Adults enquiry, or it is felt that discharging the patient may put him/her at risk of abuse, it **may** not be appropriate for the patient to be discharged back to the same environment, even if he is medically fit.

- The Consultant in charge of the patient's care should be informed if the patient is subject to Safeguarding procedures;
- All relevant parties, including the Social Worker or Care Coordinator involved with the patient, should be regularly updated on the progress of the discharge
- It may not be appropriate for the patient to remain in an hospital setting; therefore a transfer to intermediate care or a non-acute area or temporary placement in a care home may be considered until the Safeguarding Adult procedures are resolved, this will be arranged by Social Care.
- If the patient is assessed as having capacity to determine discharge arrangements, they should be consulted about their wishes. If they want to go home, and are able to make an informed decision about this, they should be supported to do so.
- Once fit for discharge, the patient may be discharged to an alternate address, for example a different care home, provided his/her needs can be adequately met.
- For further advice/clarification, staff to contact the Safeguarding Adults Team.

12. Transition from Child to Adult Services

Transition planning which is person-centred and age and developmentally appropriate is essential to help young people prepare for adulthood. If carried out effectively it can help ensure that risk of experiencing abuse as an adult is minimised.

Structural and cultural differences between children's and adult services can make transition more difficult. Services should therefore work together in an integrated way to ensure a smooth and gradual transition for young people.

Transition planning must start as early as possible so that the young person is helped to understand how to use services. Support after transfer must be aimed at encouraging the young person to engage with services and should explore alternative ways to support their needs if engagement is a problem.

The named worker must be someone with whom the young person identifies they have a meaningful relationship. A practitioner from the relevant adult service should meet the young person before transfer.

The aim of ensuring effective transition to adult life is to improve life experience and outcomes for all children and young people which may include:

- paid employment;
- good health;
- completing exams and moving to further education;
- independent living (choice and control over one's life and good housing options);
- Social inclusion (friends, relationships and community).

Detailed guidance on transition to adult care and support can be found in:

- Care Act 2014 Statutory Guidance, chapter 16;
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- NICE Guideline 2016, Transition from children's to adults' services for young people using health or social care services.

<https://www.nice.org.uk/search?q=Transition+from+children%e2%80%99s+to+adults%e2%80%99+services+>

13. Escalating Concerns

Where there are any concerns that a safeguarding case has not been managed in accordance with local procedures these must be escalated as follows:

- discuss with line manager or within the local team in the first instance;

- talk to the relevant Enquiry manager;
- discuss with the Trust Safeguarding Team;
- Record every decision to act or not to act and keep the Trust Safeguarding Team informed.

14. Challenging Poor Practice

What is professional challenge?

Professional challenge can be a positive activity; a sign of good professional practice, a healthy organisation and effective multiagency working. Being professionally challenged should not be seen as a criticism of the person's professional capabilities.

Decisions are made on the information available to people at the time; no-one sets out with the intention to make a bad professional decision. We need to be open to someone questioning why we reached a decision or took a particular course of action.

Some safeguarding adult reviews (SAR), both nationally and locally, have identified an apparent reluctance to challenge decision making – both decisions within our own organisation and across agencies. Many SARs have identified that concerns have not been followed up with robust professional challenge which may have altered the professional response.

In the safeguarding process there may be reason to challenge decisions, practice or actions which could jeopardise the safety or well-being of any adult at risk of or subject to abuse or neglect.

Safeguarding and MSP

Problem resolution is an integral part of professional co-operation and joint working to safeguard adults with care and support needs and it is important to:

- Ensure professional disputes do not put adults at risk or obscure the focus on the adult
- Ensure professional disputes between agencies are resolved in a timely, open and constructive manner
- Identify problem areas in working together where there is a lack of clarity

Process for challenge

Many professional challenges will be resolved on an informal basis by contact between the individual raising the challenge (or their manager) and the individual/manager/agency receiving the challenge and will end there.

If the issue cannot be resolved between them the person who disagrees about the decision or action should raise the issue with their manager and the Trust safeguarding team.

→ The safety of the adult is the paramount consideration in any professional disagreement and any unresolved issues should be escalated with due consideration to the risks that might exist for the adult.

ELFT staff must always feel able to express their concerns about the abuse of Adults at Risk as set out in this policy. These concerns must be expressed without fear of recrimination and staff must be able to believe that their concerns will be welcomed as a positive contribution to the overall standard of care within the Trust.

Whilst a culture of speaking up is instilled throughout the organisation, not all staff will feel comfortable in tackling concerns directly. Staff are therefore encouraged to raise concerns with their line manager or clinical lead, or with the Trust Safeguarding Team if speaking to a line manager is not possible.

Where staff do not feel comfortable in raising concerns as suggested above, the Trust's Freedom to Speak up Guardian (FTSUG) is available to support staff to raise their concerns safely. This role has been created as part of a national network following the Francis Inquiry into the failings in care at Mid Staffordshire NHS Foundation Trust between 2005 and 2009.

Staff must be able to raise concerns with confidence; the role of the FTSUG enables staff anxieties to be dealt with swiftly and ensures a better experience for all concerned. Speaking to the FTSUG is shown to reduce personal stress, enables a more local resolution to be achieved and with allows better implementation of learning back into practice.

Not every concern needs to be the subject of a formal process and the Trust FTSUG sees every concern raised as an opportunity to learn and improve patient safety and the quality of care. Whether staff are working in a clinical or non-clinical role, whenever they have a concern they are able to share it safely with the support of the FTSUG.

Freedom to Speak Up Guardian
East London Foundation Trust Email: elft.freedomtospeakup@nhs.net
Tel: 07436 027388

Or complete Freedom to speak up referral form

[Freedom to Speak Up Form | East London NHS Foundation Trust \(elft.nhs.uk\)](http://elft.nhs.uk)

MAPPA/VISOR Arrangements

Multi Agency Public Protection Arrangements (MAPPA) are statutory arrangements for managing sexual and violent offenders.

On occasion we may have patients or visitors to the Trust who are subject to MAPPA arrangements and are registered with ViSOR (Violent and Sexual Offenders Register). A ViSOR Nominal can be male, or female, but for ease of reading will be referred to as he.

The Trust will be informed when a MAPPA nominal is admitted. The referrer may be from the police, the probation service or any other organisation involved with the individual. It is often the individuals Offender Manager.

The referrer will discuss the level of risk that the person may pose, and to whom the risk may apply. As these individuals are not in custody, they will not have attending prison

officers with them. We therefore need to manage any risk identified, using the information provided by the referrer.

The Safeguarding team will log the referral/risk assessment form, saving it to the shared drive.

If the Trust is notified that a MAPPA Nominal is a regularly visiting an inpatient, the same process is applied until the patient he is visiting is discharged.

It is important that whilst managing the risk posed by the individual, his confidentiality is protected. The Trust will not be given details of the offence committed, simply what the risk level is.

It is the responsibility of staff caring for a MAPPA nominal to ensure that any actions and/or requirements identified within the Risk Assessment are complied with.

There should be no discussion or speculation. ***It is of a highly sensitive nature and if inadvertently disclosed may have considerable impact on the safety of the individual and his/her family.***

15. Safeguarding Adult Reviews

The Care Act 2014 places a statutory responsibility on Safeguarding Adults Boards to commission Safeguarding Adults Reviews (SARs) in certain specified situations.

The Local safeguarding adults' board must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

The Local safeguarding adults' board must also arrange a SAR if an adult in its area has not died, but the Board knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

The Local safeguarding adults' board is free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support. SARs should reflect the six safeguarding principles set out in **section** -- of this policy.

The aims of a SAR are to:

- seek to determine what the relevant agencies and individuals involved in the case might possibly have done differently in order to have prevented harm or death;
- learn lessons from the case and apply the learning to future cases in order to prevent similar harm occurring again;
- generate findings and recommendations which are of practical value to each organisation and professional involved;
- Provide answers for families and friends of adults who have died or been seriously abused or neglected.

The following principles should be applied by Local safeguarding adults' board and their partner organisations to all reviews:

- there must be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice;
- the approach taken to reviews must be proportionate according to the scale and level of complexity of the issues being examined;
- reviews of serious cases must be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- professionals must be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith; and
- Families must be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

In setting up a SAR, the Local safeguarding adults' board must also consider how the process can dovetail with any other relevant investigations that are running parallel, such as a child serious case review (SCR) or domestic homicide review (DHR), a serious incident (SI) investigation, a criminal investigation or an inquest. An SI report produced by the ELFT may contribute to the SAR process.

Consideration must be given to how all parallel investigations can be managed with a SAR in the most effective manner possible so that organisations and professionals can learn from the case - for example, considering whether some aspects of the reviews can be commissioned jointly so as to reduce duplication of work for the organisations involved.

Outcomes from SARs

SAR reports will:

- provide a sound analysis of what happened, why and what action needs to be taken to prevent a reoccurrence, if possible
- be written in plain English
- contain findings of practical value to organisations and professionals

There is a legal duty for the Trust to share information for the purpose of enabling or assisting the Safeguarding Adult Board / Partnership to perform its functions, including that of a SAR. The Trust Safeguarding team is the point of contact for all SAR proceedings.

The Safeguarding Adult Board / Partnership will ensure that there is appropriate involvement in the review process of professionals and organisations who were involved with the adult. In the interest of transparency and disseminating learning the Safeguarding Adult Board / Partnership will consider publishing the reports within the legal parameters about confidentiality.

The Trust has a responsibility to ensure that the learning is disseminated and embedded across the organisation.

16. Domestic Homicides

The Home Office Definition of Domestic Homicide Review (DHR) is as follows:

'A review of the circumstances in which the death of a person aged 16 years or over has, or appears to have resulted from violence, abuse or neglect by –

(a) a person to whom (s)he was related or with whom (s)he was or had been in an intimate personal relationship, or;

(b) a member of the same household as himself/herself.

A review to be held with a view to identifying the lessons to be learned from the death; this may include considering whether appropriate support, procedures resources and interventions were in place and responsive to the needs of the victim’.

Intimate personal relationships include relationships between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

A member of the same household is defined in section 9(1) of the Domestic Violence, Crime and Victims Act [2004] as:

- (a) a person is to be regarded as a 'member' of a particular household, even if (s)he does not live in that household, if (s)he visits it so often and for such periods of time that it is reasonable to regard that person as a member of it;
- (b) Where a victim (V) lived in different households at different times, 'the same household as V refers to the household in which V was living at the time of the act that caused V's death.

When victims of domestic homicide are aged between 16 and 18, a child Serious Case Review should take precedence over a DHR. However, it is vital that any elements of domestic violence relating to the homicide are addressed fully and the review includes representatives with a thorough understanding of domestic violence.

Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted. Reviews are not about who is culpable.

The purpose of Domestic Homicide Review not to reinvestigate the death or apportion blame, but to:

- establish what lessons are to be learned from the domestic homicide, regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- identify clearly what those lessons are, both within and between agencies, how they will be acted on, within what timescales, and what is expected to change as a result;
- apply these lessons to service responses including changes to policies and procedures as appropriate; and to,
- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children, through improved intra and inter-agency working.

17. Serious Incidents

Serious Incidents involving abuse or neglect of an adult may meet the criteria for reporting as safeguarding concerns as well as a SAR. Such incidents are likely to include:

- Death or injury to a vulnerable adult where abuse or neglect is suspected to be a factor
- Where a vulnerable adult has suffered harm as a result of staff failing to follow agreed procedures or acceptable practice
- Other situations may be considered including Grade 3/4 pressure ulcer that is found after admission, or any pressure ulcers developed whilst an inpatient where there are concerns regarding the care provided. Repeated falls where a care plan has not been developed. Repeated /serious medication errors.

All complaints or concerns expressed via PALS where there are safeguarding concerns should consider safeguarding proceedings.

Good safeguarding practice requires openness, transparency and trust. There is a legal 'Duty of Candour' in which staff must explain, (in person and in writing) apologise and advise people, where severe or moderate harm has occurred.

Staff should refer to multi-agency Safeguarding Adult Review procedures and the Trust **Incident Reporting and Serious Incident Review policy, Complaints policy; and Duty of Candour policy** for additional information.

18. Safeguarding Supervision

All clinical staff must receive supervision in accordance with the Trusts **Clinical Supervision policy** and **Allied Health Professionals Professional and Clinical Supervision protocol**. Supervision regarding safeguarding is incorporated into each routine clinical supervision session to ensure that where there is a safeguarding concern, risks are analysed, an exploration of information is considered, and any actions identified are implemented. This includes consideration of the wider family in line with the Think Family approach.

There are no mandatory requirements for specialist safeguarding adult supervision however it is good practice this takes place. The Trust Safeguarding team provides specialist safeguarding adult supervision for more complex safeguarding cases across the Trust with the purpose of encouraging practitioners to reflect on the impact of their decision on the adult and their family whilst adhering to safeguarding procedures and providing emotional support for professionals.

It is the staff members and line managers responsibility to identify where additional support is necessary for staff e.g. during a Safeguarding Adult Review or Safeguarding Enquiry.

There are also opportunities for the Trust Safeguarding Public Protection team to deliver group supervision when required and requested.

19. Training

Safeguarding Adult training is a statutory requirement for all staff. An individual employee's role will determine what level of training is required in order to ensure that they are confident and competent to carry out their responsibilities to safeguard adults.

The intercollegiate document *The Adult Safeguarding: Roles and Competencies for Health Care Staff* (2018) provides a point of reference to help identify and develop the knowledge, skills and competence in safeguarding of the health care workforce.

Education may occur through formal training, accredited programmes, non-accredited, practice based learning and development opportunities that target not only professional, but local service needs. Practitioners should also be attentive to any adult safeguarding guidance produced by their individual professional bodies and professional regulators.

The ELFT Learning Academy sets out the expected and required level of training for all Trust staff.

The Trust Safeguarding Team is responsible for creating and updating the safeguarding training needs analysis. The needs analysis sets out what level of training is required by various staff groups and individuals.

The Trust, supported by the Corporate Safeguarding Team, will ensure that a sufficient number of internal training events are provided and that access to e-learning and external training events is available to staff as appropriate.

Training is provided for all new staff as part of the monthly corporate induction programme. Regular monthly face to face safeguarding training is available to all staff groups. Bespoke training can be provided by the Safeguarding Team on request.

It is the responsibility of individual staff members and their line managers to ensure that training is accessed and updated in line with their personal development plans and training matrix in line with their role / position. This will be monitored as part of individual staff appraisal and at 1:1's.

If a staff member is in disagreement with the level of training they will be required to achieve, this can be discussed with the safeguarding adult team.

20. Staff Recruitment

19.1 The Trust is required to comply with the Disclosure and Barring Scheme (DBS) which aims to ensure that unsuitable people do not work with service users on a paid or voluntary basis. The Trust has a statutory duty to refer to the DBS to make decisions regarding safe recruitment.

19.2 All Trust staff working with children and adults will undergo a DBS check on a regular basis, and are notified of this via HR.

19.3 All job descriptions contain a statement regarding staff responsibility for adhering to Trust policies and informing their employers of any incidents which may affect their ability to work with adults or children at risk.

21. Equality and Diversity Statement

This policy has been assessed for its impact upon equality.

ELFT is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group.

22. Monitoring and Review

22.1 The Associate Director for Safeguarding Adults and Domestic Abuse Lead is responsible for the overall monitoring and review of this policy.

22.2 This policy should be reviewed in conjunction with the procedures and any additional multi agency safeguarding adults' guidelines from the Safeguarding Adult Boards across all ELFT boroughs.

22.3 A formal report on Safeguarding activity and review of this policy will be presented to the Trust Board on an annual basis, and to multi-agency Safeguarding Adults Boards, to ensure that the policy continues to comply with relevant legislation, best practice and national standards.

23. References

Care Act (2014). Available at:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Nursing & Midwifery Council, Professional Standards of practice and behaviour for nurses and midwives and nursing associates (Updated October 2018). Available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

Health & Care Professionals Council Code of Conduct Available at:

<http://www.hcpcuk.org/assets/documents/10004EDFStandardsofconduct,performanceandethics.pdf>

Care and Support Statutory Guidance (2016).

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-supportstatutory-guidance>

Mental Capacity Act (2005). Section 44. Available at:

<http://www.legislation.gov.uk/ukpga/2005/9/section/44>

Mental Capacity Act Code of Practice. Available at:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

General Medical Council (2018). Domain 2: Safety and quality

https://www.gmc-uk.org/guidance/good_medical_practice/respond_to_risks.asp

Serious Crime Act (2015).

https://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf

<https://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf>

https://www.centralbedfordshire.gov.uk/migrated_images/multi-agency-policy-practice-procedures-jan-2018_tcm3-19861.pdf

Equality Act (2010).

https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Adult Safeguarding, Roles and Competencies For health Care Staff 2018 (first ed)
Royal college of Nursing

24. Associated Documentation

The following policies can be found on the Trust intranet site and should be referred to as appropriate.

ELFT: [Safeguarding Children Policy](#)

ELFT: [Allegations against Staff Policy](#)

ELFT: [Whistleblowing Procedures](#)

ELFT: [Mental Capacity Act Policy](#)

ELFT: [Deprivation of Liberty Policy](#)

ELFT: [Prevent Policy](#)

ELFT: [Domestic Abuse Policy](#)

ELFT: Supervision

Appendices- Procedural Requirements

17.1 Under the Care Act 2014, there are four stages where staff have responsibilities to take actions or make decisions, each of which have a form produced by the authority which should be completed. Staff should familiarise themselves with practice in their particular borough for each Experiencing or at risk of abuse of the following stages.

Tower Hamlets: www.towerhamlets.gov.uk
https://www.towerhamlets.gov.uk/lgnl/health_social_care/ASC/Adults_Health_and_Wellbeing/Staying_safe/Safeguarding_Adults_Board.aspx

Newham: www.newham.gov.uk
<https://adultsocialcare.newham.gov.uk/Pages/safeguarding-adults.aspx>

City & Hackney: www.hackney.gov.uk
<https://www.hackney.gov.uk/safeguarding-vulnerable-adults>

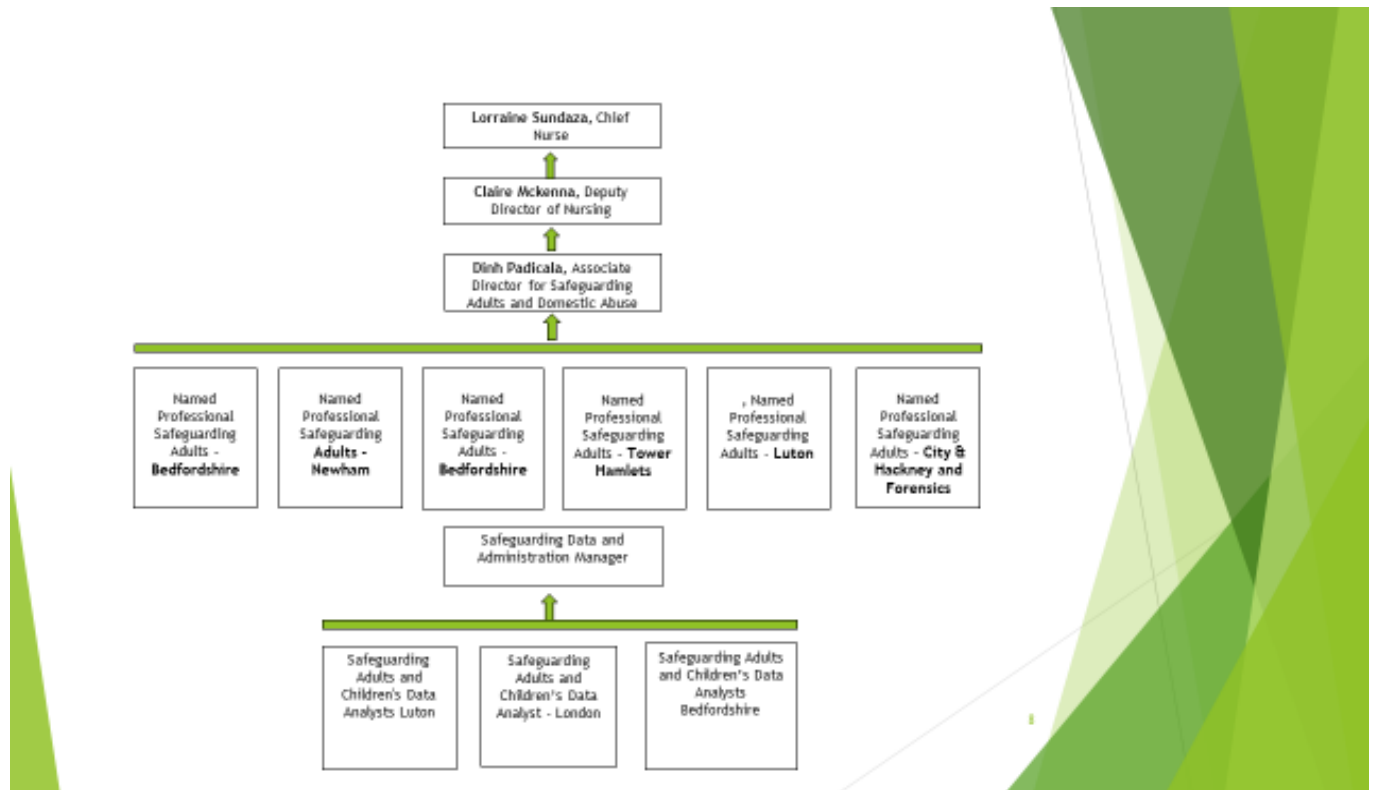
Luton: www.luton.gov.uk
https://www.luton.gov.uk/Health_and_social_care/safeguarding/safeguarding_adults/Pages/I%20think%20abuse%20is%20taking%20place.aspx

Central Bedfordshire: www.centralbedfordshire.gov.uk
<http://www.centralbedfordshire.gov.uk/health-social-care/protection/report-abuse.aspx>

Bedford Borough: www.bedford.gov.uk <https://www.bedford.gov.uk/social-care-health-and-community/help-foradults/safeguarding-adults/>

City of London: <https://www.cityoflondon.gov.uk/services/adult-socialcare/Pages/safeguarding-adults.aspx>

Corporate Safeguarding structure



Contact info:

Corporate Safeguarding Team
East London NHS Foundation Trust | Mile End Hospital
2nd Floor | Burdett House 275 Bancroft Road | E1 4DG

Tel: 0208 121 5338
Secure Adult Team email: elft.safeguardingadults@nhs.net

Appendix 2

Abuse - Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. It may occur by either an act, or a failure to act, that results in an absence of respect for an individual's safety, privacy, dignity and cultural background.

Abuse of adults can be broadly defined under the following categories:

- Physical
- Psychological
- Sexual
- Neglect
- Self-neglect
- Financial
- Discriminatory
- Organisational
- Domestic abuse
- Modern Slavery

Staff must not limit their view of what constitutes abuse or neglect as they can take many forms and the circumstances of the individual case must always be considered. For further detail regarding these categories of abuse go to section 6 of this policy.

Adult at risk The Care Act 2014 states that safeguarding duties apply to any person aged 18 years and above who:

- has needs for care and support **and**
- is experiencing, or is at risk of, abuse and neglect **and**
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Advocacy The Care Act 2014 extended the right for eligible people to have independent advocacy to help them be actively involved in their care and support process, including their:

- Care assessments
- Care and support planning
- Care and support reviews
- Safeguarding enquiries
- Safeguarding adult reviews (previously known as serious case reviews).

Caldicott Guardian - a senior person within the Trust who is responsible for protecting the confidentiality of service-user information and enabling appropriate information sharing, who works in an advisory capacity and provides a focal point for confidentiality and information sharing issues.

Duty to cooperate The Care Act 2014 says that local authorities must cooperate with each of their relevant partners, and each relevant partner must cooperate with the local authority in the exercise of their functions relating to adults with care and support needs. The Act sets out 5 aims of co-operation between partners which are relevant to care and support, although it must be noted that the purposes of co-operation are not limited to these matters:

- promoting the wellbeing of adults needing care and support and of carers;
- improving the quality of care and support for adults and support for carers (including the outcomes from such provision);
- smoothing the transition from children's to adults' services;
- protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect;
- identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

Multi-Agency Safeguarding Hub (MASH) – co-locates or virtually connects professionals from a range of agencies, with the key aim of ensuring the speedy and comprehensive sharing of information to enable robust decision-making aimed at protecting Adults at Risk in a timely and effective manner.

Public interest - means the interests of the community as a whole, or a group within the community or individuals. It also refers to the process a health care professional (HCP) must use to decide whether to share confidential information without consent. It requires consideration of the competing public interests e.g. the public interest in protecting people at risk of abuse, promoting their welfare or preventing crime and disorder and the public interest in maintaining public confidence in the confidentiality of public services, and to balance the risks of not sharing against the risk of sharing.

Concern - is the term used to describe when there is or might be an incident of abuse or neglect and it replaces the previously use term of 'alert'.

Section 42 Enquiry of the Care Act 2014 requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

Vulnerability

The Care Act discourages the use of the term "vulnerable adult", preferring instead the terminology "Adult at Risk" (see definition above). It is still advisable however to recognise that certain factors increase a person's vulnerability and may render them more susceptible to being abused.

Some, but not all people with a learning or physical disability, mental health concerns or who are elderly may be vulnerable. Previous experience of abuse, communication difficulties or a lack of capacity may also be features in a person's life which may increase the possibility of them being vulnerable to abuse.

Appendix 3

Multi-Agency Public Protection Arrangements (MAPPA)

<p>Multi-Agency Public Protection Arrangements (MAPPA)</p>	<p>The Criminal Justice Act 2003 (“CJA 2003”) provides for the establishment of Multi-Agency Public Protection Arrangements (“MAPPA”) in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders (MoJ, 2012, updated 2017).</p>
<p>MAPPA 1</p>	<p>Level 1 cases ordinary agency management Ordinary agency management level 1 is where the risks posed by the offender can be managed by the agency responsible for the supervision or case management of the offender. This does not mean that other agencies will not be involved, only that it is not considered necessary to refer the case to a level 2 or 3 MAPP meeting</p>
<p>MAPPA 2</p>	<p>Level 2 cases active multi-agency management Cases should be managed at level 2 where the offender:</p> <ul style="list-style-type: none"> • Is assessed as posing a high or very high risk of serious harm, or • The risk level is lower, but the case requires the active involvement and co-ordination of interventions from other agencies to manage the presenting risks of serious harm, or • The case has been previously managed at level 3 but no longer meets the criteria for level 3, or • Multi-agency management adds value to the lead agency’s management of the risk of serious harm posed.
<p>MAPPA 3</p>	<p>Level 3 management should be used for cases that meet the criteria for level 2 but where it is determined that the management issues require senior representation from the Responsible Authority and Duty-to-Co-operate agencies. This may be when there is a perceived need to commit significant resources at short notice or where, although not assessed as high or very high risk of serious harm, there is a high likelihood of media scrutiny or public interest in the management of the case and there is a need to ensure that public confidence in the criminal justice system is maintained (MoJ, 2012).</p>
<p>Potentially Dangerous Person (PDP)</p>	<p>The term Potentially Dangerous Person (PDP) was introduced in the Association of Chief Police Officers (ACPO) Guidance, Protecting the Public: Managing Sexual Offenders and Violent Offenders (ACPO Guidance, 2007). For the purpose of this guidance, public protection was identified as ‘the policing function of reducing harm in the context of Multi-Agency Public Protection Arrangements (MAPPA) and through the identification, assessment and management of PDP’s who do not fall within MAPPA.’</p> <p>The revised ACPO guidance (2010) has amended the definition for a Potentially Dangerous Person which is now as follows:</p>

	<ul style="list-style-type: none">• A person who is not eligible for management under MAPPA but whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause serious harm.• A present likelihood reflects imminence and that the potential event is more likely than not to happen. <p>Serious harm is defined in the Home Office (2002) Offender Assessment User Manual as ‘...a risk which is life-threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.’</p> <p>There is no legislation that recognises the existence of PDPs and unlike offenders who fall within MAPPA there is no statutory multiagency framework which governs the management of PDPs.</p>
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SAFEGUARDING ADULTS ESCALATION AND RESOLUTION PROCEDURE

SCOPE OF THIS PROCEDURE

This procedure provides for the resolution of professional disagreements / issues in work relating to the safety of adults at risk of abuse or neglect, and is applicable to all staff that has a role in the safeguarding of adults.

The Care Act 2014 and Chapter 14 of the Care and Support Statutory Guidance 2016 includes six key principles that underpin Safeguarding Adults Practice. **Accountability** and **Partnership** are two of these. ELFT (Trust) including all partner agencies and their staff are accountable for delivering their part of the adult safeguarding process to a high standard.

The Trust is clear that there must be respectful challenge whenever a professional or agency has a concern about the **action or inaction** of another. Similarly, practitioners should not be defensive if challenged. Practitioners and managers should always be prepared to review decisions and plans with an open mind and act proportionately.

It is expected that this escalation and resolution process should be used first, however, if at any stage it is felt necessary to make a formal complaint then the complaints procedure should be followed.

1.1 Disagreements could arise in a number of areas, most likely to arise around:

- Lack of understanding of roles and responsibilities.
- The need for action, possibly as a result of drift and issues regarding communication (including feedback).
- Where the Local Authority, as Lead Agency for Safeguarding Adults, decides whether to proceed with, or end, a Section 42 enquiry.
- Whether a safeguarding concern is reportable or non-reportable.
- Concern about the management of the enquiry.

1.2 Problem resolution is an integral part of professional co-operation and joint working to safeguard adults

1.3 Professional disagreement is only dysfunctional if it is not resolved in a constructive and timely fashion

1.4 At no time must professional disagreement detract from ensuring the adult is appropriately safeguarded. The adult's wellbeing, wishes and safety must remain paramount throughout. Any new concerns presenting about the adult(s) subject to escalation should be referred in to the Safeguarding Adult's Team at the Local Authority in the usual manner.

1.5 Difficulties should be resolved at practitioner level, if necessary with the involvement of their supervisors or managers. Attempts at resolution should reach a conclusion within one working week and place the views and needs of the adult(s) and carers involved above the personal views of professionals and organisational needs. All parties should be professionally satisfied that the disagreements have been resolved, and that each party has the relevant information in order to make a decision and express their views with any

relevant evidence.

1.6 A common area of professional disagreement occurs when an enquiry is to be closed, which may lead to disagreements; these should be centred on whether the desired outcome has been achieved for the adult(s) at risk. The decision to end an enquiry is ultimately that of the enquiry manager/SAM responsible for co-ordinating the enquiry and should reflect whether the outcome is personalised for the adult at risk. A large number of cases are not closed completely and may involve de-escalation from Adult Safeguarding to care management for further monitoring and review. This allows further work to be undertaken by to meet the outcomes desired by, or in the best interests of, the adult at risk.

PROCESS

1.1 It should be recognised that differences in experience of staff members may affect the confidence of some workers to escalate this unsupported, however all members of staff have a duty to raise concerns about the safety and wellbeing of service users, and act promptly (*see flowchart*).

1.2 If unresolved, the issue should be referred to the practitioner's own supervisor, who will discuss it with the practitioner.

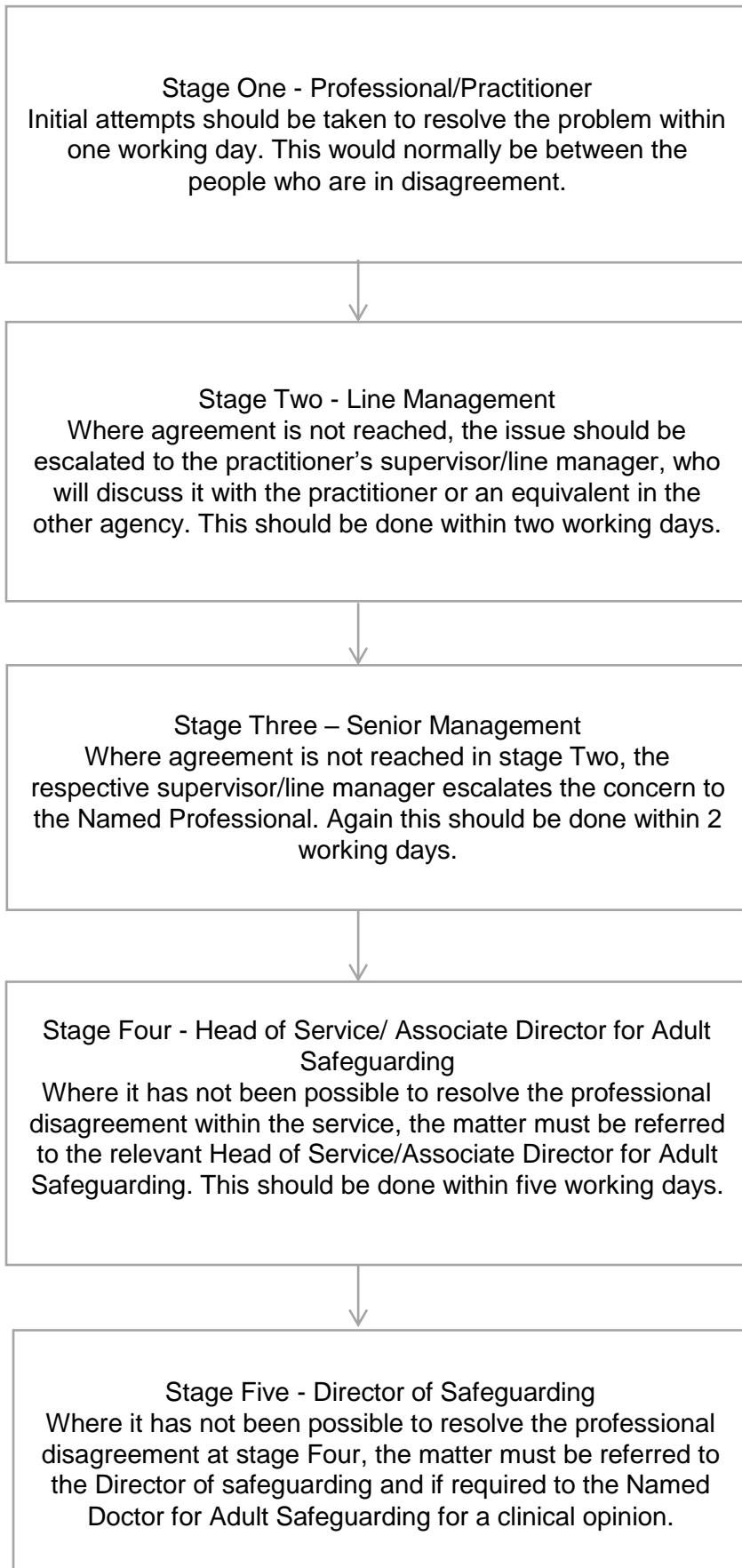
1.3 Where there is failure to resolve disagreements between manager and the Named Professional, the matter must escalate to the relevant Head of Service. Heads of Service/ Associate Director for Safeguarding must be prepared, where necessary, to intervene.

1.4 In the unlikely event the matter remains unresolved; it should be escalated to the Director for Safeguarding Adults for resolution.

Where the disagreement concerns professional or family differences in opinion about a best interests decision, for a person who lacks mental capacity to make that decision, reference should be made to Chapter 15 of the Code of Practice to the Mental Capacity Act 2005. Where no consensus of agreement can be reached despite taking all practicable steps to do so, then the Court of Protection should be approached. Any disagreement regarding MCA and Best interest should be escalated to the MCA Lead for the Trust for advice and support.

1.5 A clear record should be kept at **all stages by all parties**. In particular, this must include written confirmation between the parties about the agreed outcome of the dispute and how any outstanding issues will be pursued. This should be documented in the appropriate record system, in accordance with their internal processes.

Stages of Escalation – Pathway



Resolved

- Ensure there is a shared understanding of the agreed actions and record them.
- Confirm the actions in writing with all the parties involved and include a date to review if necessary.
- Where necessary review the adults safeguarding plan.
- Check to ensure agreed actions have been fully implemented.

SAFEGUARDING ADULTS REVIEW PROTOCOL

WHAT IS A SAFEGUARDING ADULTS REVIEW (SAR)?

The Care Act 2014, Section 44, states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when:

- A) an adult in its area dies as a result of abuse or neglect, whether known or suspected, and
- B) There is concern that partner agencies could have worked together more effectively to protect the adult.

SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

A safeguarding adult review (SAR) is a multi-agency process that considers whether or not serious harm experienced by an adult, or group of adults at risk of abuse or neglect, could have been predicted or prevented.

Statutory Guidance

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

14.162 SABs must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

14.163 SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example they would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

14.164 The SAB should be primarily concerned with weighing up what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. SARs may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

THE PURPOSE OF THE SAFEGUARDING ADULTS REVIEW IS TO:

- a. understand what has happened and why
- b. learn lessons from the way professionals and agencies worked together

- c. identify what the agencies and individuals might have done differently that could have prevented harm or death
- d. prevent similar harm occurring again in the future
- e. improve future practice by acting on the learning
- f. review and improve the safeguarding adults procedures
- g. Identify good practice as well as poor.

The purpose of a SAR is **not** to:

- be a primary investigation process;
- re-investigate a safeguarding incident;
- apportion blame;
- Substitute for a complaints process.

THE ROLE OF THE TRUST IN SAFEGUARDING ADULT REVIEWS?

The trust is a partner on the safeguarding adult's board and has a legal duty to cooperate with Safeguarding Adults Reviews arranged by the Safeguarding adult's board.

The Care Act 2014 (Section 6) places duties on the local authority and its partners to cooperate in the **exercise of their functions relevant to care and support including those to protect adults**. The safeguarding adult's board should ensure that it 'has the involvement of all partners necessary to effectively carry out its duties'.

REFERRAL PROCESS FOR SAFEGUARDING ADULTS REVIEW

Any agency including ELFT professionals can make a referral for SAR. ELFT practitioners can make a referral as the outcome of a section 42 enquiry or where complex cases identify poor practice, including lessons from 'near misses' which has been identified during a Serious Incident Review (SIR).

A referral for SAR may be made to the chair of the safeguarding adult's board or the community safety partnership in case of a domestic abuse.

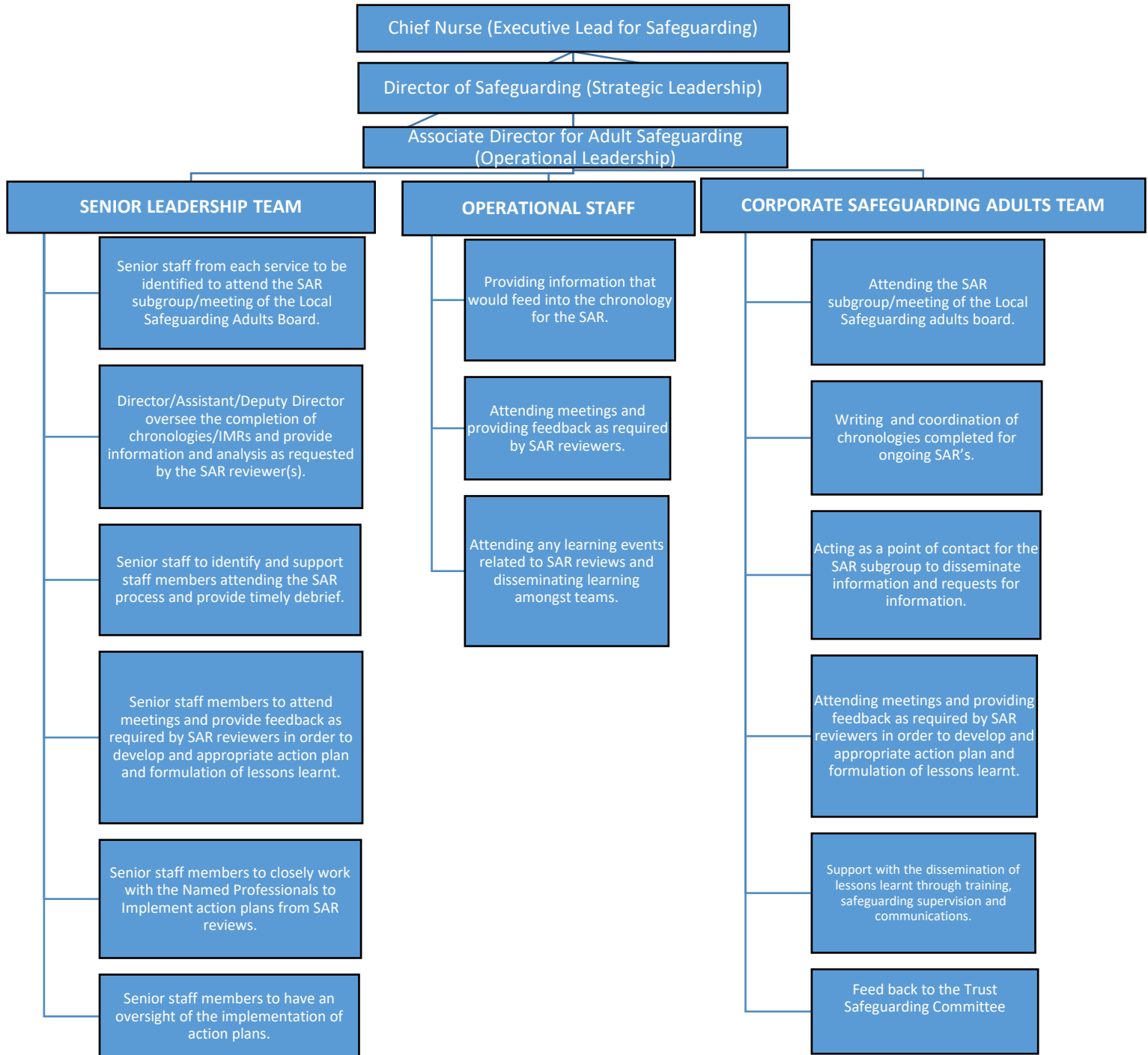
Key considerations when deciding to make a SAR referral:

- If the person is alive, has there been **serious abuse/neglect**?
- Did or does the person have **care and support needs**?
- Has there been a **concluded enquiry/investigation** by an agency (e.g. Adult Social Care, Police, Health)?
- Is there an indication for **multi-agency** learning?

Discuss the appropriateness of a referral with your supervisor/manager/Named Professional for Safeguarding adults:

- Consider the criteria above and, the information in this briefing paper.
- Look at the referral form to see if you are able to evidence in all sections how the criteria are likely to be met.

DUTIES AND RESPONSIBILITIES FOR TRUST STAFF:



Domestic Homicide Review PROTOCOL

Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011.

Responsibility for undertaking domestic homicide reviews lies with the Community Safety Partnership (CSP) within the victim's area of residence. (Where the victim's area of residence is not known, the CSP responsibility will relate to the area where the victim was last known to have frequented as a first option and then considered on a case by case basis)

What is a Domestic Homicide Review (DHR)?

The Home Office Definition of Domestic Homicide Review (DHR) is as follows:

'A review of the circumstances in which the death of a person aged 16 years or over has, or appears to have resulted from violence, abuse or neglect by –

(a) a person to whom (s)he was related or with whom (s)he was or had been in an intimate personal relationship, or;

(b) a member of the same household as himself/herself.

A review to be held with a view to identifying the lessons to be learned from the death; this may include considering whether appropriate support, procedures resources and interventions were in place and responsive to the needs of the victim'.

Intimate personal relationships include relationships between adults who are or have been intimate partners or family members, regardless of gender or sexuality. A member of the same household is defined in section 9(1) of the Domestic Violence, Crime and Victims Act [2004] as:

- (c) a person is to be regarded as a 'member' of a particular household, even if (s)he does not live in that household, if (s)he visits it so often and for such periods of time that it is reasonable to regard that person as a member of it;
- (d) where a victim (V) lived in different households at different times, 'the same household as V refers to the household in which V was living at the time of the act that caused V's death.

When victims of domestic homicide are aged between 16 and 18, a child Serious Case Review should take precedence over a DHR. However, it is vital that any elements of domestic violence relating to the homicide are addressed fully and the review includes representatives with a thorough understanding of domestic violence.

Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted. Reviews are not about who is culpable.

The purpose of Domestic Homicide Review not to reinvestigate the death or apportion blame, but to:

- establish what lessons are to be learned from the domestic homicide, regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- identify clearly what those lessons are, both within and between agencies, how they will be acted on, within what timescales, and what is expected to change as a result;
- apply these lessons to service responses including changes to policies and procedures as appropriate; and to,
- prevent domestic violence homicide and improve service responses for all domestic violence victims and their children, through improved intra and inter-agency working.

THE ROLE OF THE TRUST IN DOMESTIC HOMICIDE REVIEWS?

The trust is a partner on the Community Safety Partnership and has a legal duty to cooperate with Domestic Homicide Reviews arranged by Community Safety Partnership.

The partnership is responsible for commissioning Domestic Homicide Reviews under the [Domestic Violence, Crime and Victims Act 2004](#). These are independently chaired and a full report is sent to the Home Office.

The DHR will usually draw upon information obtained from:

- interviewing family members;
- interviewing significant people who may have known the victim; and,
- obtaining information from participating agencies, either by way of an Individual Management Review (IMR), or by other means such as a chronology of events.

DUTIES AND RESPONSIBILITIES FOR TRUST STAFF:

